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PURPOSEFUL KILLING

Neither "Mad" nor "Bad"

There are a few cases of maternal filicide which have become infamous. One of them is that of Susan Smith. Although many people forget her name, few forget the basic facts. On October 25, 1994, Smith reported that a black man had stolen her car with her two children, Michael, three, and Alex, fourteen months, inside. For nine days Union, South Carolina, searched in vain for the boys. Finally, Smith confessed she had strapped the boys in their car seats, driven to a local lake, and rolled the car into the lake. Smith indicated that she had intended to kill herself and the boys but changed her mind at the last minute. She had considered killing just herself, but did not want to leave the boys without a mother.

Smith attempted numerous times to plead guilty to murder in exchange for a life sentence, but the prosecutor insisted on a trial. At her trial it became clear that Smith had had a tumultuous life, including her father's suicide when she was six years old, molestation by her stepfather, a history of depression, suicide, and substance abuse, and a failed marriage in the course of which both she and her husband had committed adultery. At the trial, she was portrayed as either a manipulative woman or an emotionally damaged adolescent. The jury deliberated only two and a half hours before finding her guilty. They deliberated approximately the same length of time and voted to spare her the death penalty.[1]

No one, not even Smith, disputed the fact that she had purposely killed her children. This distinguishes her from the women in the abuse-related and neglect categories who did not *purposely* kill their children. While some women in the assisted/coerced chapter purposely killed their children, the addition of a partner/accomplice distinguishes them from the women highlighted in this chapter. Although women in the neonaticide category may or may not have purposely killed their children, they have the distinction of completing the act within twenty-four hours postpartum, when there are a myriad of other factors which can influence behavior, including hormones. Additionally, the neonaticidal women often denied their pregnancy from the outset.

However, Smith and most of the other women assigned to this purposeful category did not deny the existence of their children, and were quite removed from any postpartum effects. This leads to speculation as to why and how these women were capable of committing such heinous acts. Generally, two lay theories are proposed: the mother must be "mad or bad."

"Mad or Bad"

Women portrayed as "mad" have been characterized as morally "pure" women who by all accounts have conformed to traditional gender roles and notions of femininity. These women are often viewed as "good mothers," and their crimes are considered irrational, uncontrollable acts, usually the direct result of a mental illness.[2] In contrast, women characterized as "bad" are seen as the complete antithesis of the "mad"

woman. They are depicted as cold, callous, evil mothers who have often been neglectful of their children or their domestic responsibilities. Viewed as not having conformed to societal standards of "proper" female behavior, these mothers are often portrayed as sexually promiscuous, nonremorseful, and even nonfeminine.[3]

At first this appears to be a dichotomy—one is either "mad" or "bad." For example, most opinions surrounding the Susan Smith case argued that to be able to commit such a heinous crime she had to be either mentally unstable or evil. In fact, when we initially examined cases in the purposeful category, they seemed to line up under one of these two explanations, which we called purposeful filicide with mental illness and purposeful filicide without mental illness. But when we tried to create definitions for these subcategories, we found we would first have to determine whether to define mental illness using legal standards, mental health standards, or societal/cultural standards, and the dichotomy became meaningless.

In the legal arena, when the mental status of a defendant comes into question, it generally relates either to the person's competence to stand trial, or to the defendant's mental state at the time of the offense. Competence can be an issue at any stage of the criminal process, from arrest to sentencing. However, the most frequently adjudicated competence issue pertains to competence to stand trial. The standard for competence to stand trial is whether the defendant "has sufficient present ability to consult with his attorney with a reasonable degree of rational understanding and a rational as well as factual understanding of proceedings against him."[4] In other words, a defendant must understand the charges against her and the proceedings, so as to be able to aid her attorney in

her defense. Susan Smith's competency was evaluated and she was found competent to stand trial. Although competency issues arise in the purposeful filicide cases, mental status issues are more commonly at stake.

Mental status at the time of the offense relates to a defendant's plea regarding her mental capacities when she committed the offense. The most frequently used plea relating to mental status at the time of the offense
is, of course, the insanity defense. Each state fashions its own definition or test for insanity. However, a common test for insanity is some variant of the M'Naghten test. The M'Naghten test states, in part, that "To establish a defense on the ground of insanity, it must be clearly proved that, at the time of the committing of the act, the party accused was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, that he did not know what he was doing was wrong."[5]

Arguably, even the most psychotic of individuals knows what she is doing is wrong. The pivotal question, then, involves interpreting what it means to know the "nature and quality" of one's actions. Wisconsin used a variant of the M'Naghten test and found Jeffrey Dahmer, a man who killed numerous victims and then consumed some of their body parts, to be sane. Undoubtedly, using the same criteria Susan Smith would also be considered sane.[6] She knew what she was doing was wrong and if Dahmer knew the nature and quality of his acts, it would be hard to argue Smith did not. However, Smith did not plead insanity.

In order to aid jurors to better understand the mental capacities of the defendant and the insanity test used by the state, both prosecution and defense attorneys usually hire mental health experts. This brings definitions of mental illness used by mental health professionals into the legal arena. Unlike the dichotomous legal system in which an individual is either sane or insane, mental health professions use the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (*DSM-IV)* to outline an array of illnesses with specific diagnostic criteria for each one, many of which could apply to mothers who purposely kill their children. Broadly defined, the disorders fall into two domains, clinical disorders and personality disorders.[7] Clinical disorders include diagnoses such as depression disorders, anxiety, and substance abuse disorders. A personality disorder is an "enduring pattern of inner experience and behavior that deviates markedly from the expectations of an individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment."[8]

Three personality disorders which might be particularly applicable to mothers who kill their children are dependent, antisocial, and borderline personality disorder. Dependent personality disorder is described as "a pattern of submissive and clinging behavior related to an excessive need to be taken care of."[9] Antisocial personality disorder is described as "a pattern of disregard for, and violation of, the rights of others."[10] Borderline personality disorder's main features include "a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity."[11]

Would Susan Smith have had a mental illness, according to the *DSMIV*? We did not interview Susan Smith but read

numerous books and accounts of her behavior. Clearly, she was and had been depressed and suicidal most of her life. She was likely grappling with depression the day she killed her children and has continued to grapple with it in prison following their murder. She has been on multiple suicide watches. She would certainly meet the criteria for at least one clinical disorder, depression. However, by all accounts Susan also had some features of a dependent personality disorder, including a history of an excessive need to be taken care of and fears of separation.

Although Susan Smith may have met the criteria for mental illness, that obviously would not satisfy legal standards for insanity and may have no bearing on competence at all. If everyone who had a mental illness as defined by the *DSM-IV* were able to successfully claim insanity or incompetence, it would likely encompass most criminals.

Clearly, the jury considered Susan Smith's mental health as a mitigating factor, but it is unclear as to whether that was because of expert testimony or societal definitions of insanity. One juror commented, "We all felt like Susan was a really disturbed person.… Giving her the death penalty wouldn't serve justice."[12] However, a "really disturbed person" is not a diagnosis in the *DSM-IV*, which suggests that the jurors considered not only the testimony of mental health experts in sparing Smith the death penalty, but societal beliefs and their own conventional wisdom regarding mental illness as well.

Definitional Dilemma

It became clear that there was no way we could create exact definitions of purposeful filicide with mental illness and

purposeful filicide without mental illness. In fact, purposeful filicide appeared to be a continuum, not a dichotomy, with many exceptions and no rules. For example, if the mother had demonstrated signs of mental illness in the past but not at the time of the murder, would she represent purposeful filicide with or without mental illness? Or if the mother had no history of mental illness but attempted or successfully committed murder-suicide, would this be considered purposeful filicide with or without mental illness? What if she committed suicide for cultural reasons or for altruistic reasons such as wanting to spare the child what she believed would be a life of abuse? What if the woman was suffering from a disorder such as post-partum psychosis, which is not a recognized mental disorder in the *DSM-IV*? Although she appeared to have a mental disorder there could be no diagnosis.

We finally decided not to try and distinguish between the cases on the basis of mental illness but to include them all under a category known as purposeful filicide. In order to highlight the complexity of the issue, in this chapter we will first examine some of the purposeful cases in detail and then interpret them using various frameworks, such as legal, psychological, and sociocultural. Next, the overarching themes and patterns that emerged from our purposeful filicide cases will be outlined, followed by their social and policy implications.

Purposeful Filicide Cases Illustrating the Definitional Dilemma

Debora Green

In high school, Debora Green was a cheerleader and covaledictorian of her class. She excelled in college and medical school, specializing in oncology. She married Michael Ferrar, who was also in medical school and later became a cardiologist. By 1995, they had three children, Tim, thirteen, Kate, ten, and Kelly, six, and lived in an affluent Kansas City suburb. Debora had quit her practice to stay home with the children. By all appearances the family had everything. However, the couple had struggled with marital problems for years. Michael was involved in a relationship with another woman and, in July, he told Debora he wanted a divorce. In September, Michael attempted to have Debora involuntarily committed to a mental hospital because he thought she was abusing alcohol and was also a suicide risk. Instead, Green voluntarily admitted herself to a different hospital, was prescribed antidepressant and antianxiety medications, and was discharged after four days.

On the night of October 23, 1995, Michael and Debora had an argument on the phone and Michael threatened to take the children from her. He also told her he thought she was crazy. Just before midnight, the house in which Debora and the children were living in erupted in flames. Tim and Kelly perished. Kate jumped to safety. On Thanksgiving eve, Debora was charged with the murders of Tim and Kelly and the attempted murder of Michael and Kate. Michael alleged Debora had been poisoning him with castor seeds since

August. Michael nearly died from complications resulting from poisonings. In 1996, when Debora was scheduled to go to trial, her competence was assessed, and she was found competent to stand trial. In April, Debora pled no contest to the charges and was eventually sentenced to forty years without parole.[13] *A portion of the statement she made at her sentencing hearing follows*:

> *The death of a child—any child, under any circumstances—is a terrible human tragedy. The death of these children, under these circumstances, is a tragedy almost too great to bear. It is, nevertheless, a tragedy that I must bear for the rest of my life, and one for which I must also bear responsibility. Nothing that I can do, or that can be done to me, can bring my children back. In accepting responsibility for this crime, I recognize that I must face and accept the punishment assessed by the court. I must also face the sorrow of the loss of my children, and the reality of my role in their death.... Alcohol, psychiatric illness, and even more basic communication failures within our family set the stage for this tragedy....*
> *My desire in taking this course of action [pleading no contest] is to spare Kate and the rest of my family any further trauma.*[14]

Green was later interviewed by Ann Rule and her story was the subject of the book *Bitter Harvest*. In January 2000, Green attempted to withdraw her pleas, claiming she had not been mentally competent to make the pleas when she entered them and had been unduly influenced by her attorneys. She eventually filed a motion for a new trial, but withdrew that

motion when the prosecutor indicated he would seek the death penalty.

A month before the fatal fire, Green's husband thought she was so mentally ill that she needed to be involuntarily committed. After a short hospital stay, she was discharged with an arsenal of psychotropic medications to fight her depression and anxiety. In general, psycho-tropic medications control the symptoms of mental illness but do not treat the illness. How then did Debora Green overcome her illness in the month between her hospitalization and the fire? During that month she also continued to drink alcohol, which her physicians warned could react negatively with the medications and would seem to have exacerbated her symptoms. After her arrest, Green received no substantive treatment and was coping with the loss of her children and facing a possible death sentence, factors which could hardly have enhanced her stability. Nevertheless the court found Green competent to stand trial and since she did not plead insanity, her mental status at the time of the offense was not discussed.

Green clearly would meet the criteria for several clinical diagnoses. However, if Green purposely killed her children and did not have a recent history of mental health treatment, she still would likely have an antisocial personality disorder. Therefore, according to psychological definitions, Green would clearly have had a mental illness. Green's case illustrates one aspect of the dilemma inherent in the dichotomy of "mad versus bad." In Green's case, it is even further complicated by the fact that she was charged with two different crimes: murder and attempted

murder. If the murders were impulsive acts, they could be construed as the product of mental illness. However, the prolonged poisoning of her husband would seem more calculated and less the product of illness. Given that Green is guilty of committing these crimes, the only thing that is clear is that she purposely committed them.

Kimberlee Snyder

Like many expectant mothers, twenty-five-year-old Kimberlee Snyder was ecstatic about the prospect of having her first child. In the months leading up to the birth, she spent countless hours shopping for baby clothes and pouring over books on pregnancy and motherhood. So when her daughter Tahlor Dawn was born, she and her husband couldn't have been happier about the new addition to their family. However, no one could have been prepared for the events that unfolded five months later, when on July 30, 1996, Kimberlee Snyder killed her child in a fit of rage.

On the day of the murder, Snyder awoke in what she claims was an agitated state and began hitting and shaking Tahlor Dawn when she started making noises like she was unhappy. After shoving a baby bottle into her mouth until she bled, she began slapping her in the face, leaving impression marks on her forehead. She then carried her into the bathroom, where she attempted to tend to the marks on her head. The assault eventually continued as Snyder violently threw Tahlor Dawn onto the bathroom floor.

Snyder explained that she felt like she was having an out of body experience and like a demon had taken over her body.

When she realized what she had done, Snyder called 911, claiming her daughter had fallen from the kitchen counter. Five-month old Tahlor Dawn suffered massive head injuries and died the next day after being removed from life support systems. At her trial, Snyder's attorneys argued that she was not a premeditated murderer, but rather a woman who suffered a psychotic episode brought on by postpartum depression.[15]

Postpartum disorder is the term used to refer to several disorders mothers experience after giving birth. The disorders range in severity from postpartum blues to postpartum depression to postpartum psychosis.

Postpartum blues include symptoms such as tearfulness, headaches, irritability, and appetite changes, which are common experiences for women in the postpartum period. In fact, approximately 85 percent of new mothers experience some form of depressed mood within the first two weeks of giving birth. However, the symptoms generally dissipate within two weeks to three months postpartum and rarely, if ever, result in infanticide.[16]

In certain instances, more severe forms of postpartum blues can develop, such as the postpartum depression that Kimberlee Snyder apparently experienced. Affecting between 5 to 20 percent of new mothers, postpartum depression usually develops within the first six months after birth, with symptoms characterized by tearfulness, irritability, and intense feelings of inadequacy and anxiety relating to one's ability to care for the baby.[17] In very rare cases, postpartum depression can lead to post-partum psychosis (occurring in only 1 to 2 per 1,000 births), where mothers experience

hallucinations, delusions, obsessional thinking, and feelings of hopelessness.[18]

Only one month after giving birth, signs were already emerging that Snyder was suffering from postpartum depression. During a routine follow-up examination, Snyder told a midwife that she had feelings of anger toward her daughter and resented not having time for herself. The midwife, suspecting Snyder might be suffering from postpartum depression, referred her to a psychiatrist for further evaluation. Upon examination, the psychiatrist prescribed antidepressant medication after noting that Snyder had several indicators of postpartum depression.[19]

It seems apparent from both the midwife and psychiatrist's actions that they believed Snyder to be suffering from postpartum depression. However, she did not receive an official diagnosis because there is little recognition of postpartum syndromes within the mental health field. The *DSM-IV* does not recognize postpartum depression or postpartum psychosis as separate disorders. Instead, they are subsumed under the broader category of depression or as a generic and poorly defined form of psychosis (i.e., Psychotic Disorder Not Otherwise Specified).[20] So
Kimberlee Snyder was not diagnosed at all, and nine days after being prescribed antidepressant medication, she told the psychiatrist she was feeling better and never contacted him again for further treatment. Four months later, Tahlor Dawn was dead.

Although postpartum depression is not an officially recognized mental disorder, Snyder pled not guilty by reason of insanity to charges of murder, involuntary manslaughter,

and child endangering. Her defense was based solely on the claim that she was suffering from a severe form of postpartum depression at the time of her baby's death, giving her the distinction of being the first woman in the state of Ohio to use postpartum depression as an insanity defense.

According to Ohio law, a person is said to be not guilty by reason of insanity if, because of a mental disease or defect, she was unable to determine the wrongfulness of her act. Both the defense and prosecution called in psychiatrists who gave opposing testimony as to Snyder's mental state at the time of the death. Prosecution psychiatrists testified that Snyder was not suffering from depression at the time of the incident and did not suffer from a mental disorder or defect. The prosecution also refuted the midwife's suspicions of postpartum depression, claiming her diagnosis was an unscientific finding based solely on her previous experience in identifying women at risk.[21]

Snyder testified during her trial that only two weeks after her daughter was born, she started to have feelings about wanting to harm her baby. She indicated, however, that she kept those feelings a secret because she was ashamed and did not want anyone to think that she was a bad mother. Since Snyder elected a bench trial, a judge was left to sort through the contradictory expert testimony. Although Snyder presented compelling evidence to the court, she was found guilty of murder. However, the judge stepped down before sentencing her. Snyder pled guilty to involuntary manslaughter and child endangering to avoid a retrial and conviction carrying a possible sentence of life in prison. She was sentenced to fifteen years in prison.[22]

Snyder did not have a diagnosable mental illness and was not found to be insane by an Ohio judge using Ohio law. It seems clear, however, that she was suffering from postpartum depressive symptoms, as evidenced by her psychiatrist's decision to prescribe antidepressant medication. Yet during her trial, prosecutors attempted to portray Snyder as an uncaring mother who was disappointed that she had given birth to a girl instead of a boy.

Is it possible that the court held maternal biases against Snyder which ultimately led to her conviction? Snyder's statement that she was reluctant to publicly disclose the negative feelings she had toward her child because she did not want anyone to think she was a bad mother, are typical of most women suffering from postpartum disorders. These sentiments may reflect social constructions of motherhood, which often place extreme demands and pressures on women who experience negative feelings toward their newborns.

In general, society views women as innate nurturers who are expected to remain joyful and happy during their pregnancy and throughout motherhood. Consequently, when new mothers like Snyder experience negative emotions they often suffer in silence, coping with the shame and guilt that often accompany such feelings.[23] Given the fact that Snyder developed an atypical form of depression not recognized by the *DSM-IV* and she was found not to be insane under Ohio law, it remains unclear whether she should ultimately be determined "mad" or "bad." What seems clear, however, is that throughout her pregnancy and before the onset of her symptoms, Snyder was a dutiful and attentive mother who clearly loved her child. Yet at the same time, she also purposely killed her in a fit of rage.

Terri Lynn Esterak

"I'm sorry I had to do this to you and my Mom and my family ... but I cannot go on with my life while my children suffer. I will not allow another day of
unhappiness to go before their eyes ... to see them crying, begging, wondering why I left them, wondering why they can't be with me, to see their pain has become unbearable."[24]

These were the final words 31-year-old Terri Lynn Esterak wrote to her fiancé in a four-page suicide note, before taking a .38 caliber revolver, shooting and killing her three young daughters and then herself in August of 1994. She was embroiled in a bitter custody battle over her daughters, ages nine, four, and two. Her ex-husband had been granted primary custody and she was supposed to return them after a one-month visit. Instead Esterak, who believed her daughters did not want to go back to their father, and who was distraught over the prospect of leaving them, checked into a posh resort hotel and methodically shot each of her girls in the chest, before turning the gun on herself.[25]

Murder-suicides are perhaps the most difficult to classify in terms of the "mad" or "bad" dichotomy simply because the woman is not alive to tell her story. Cases involving suicide are generally accompanied by questions regarding the mental state of the individual at the time of the death. Add to that the unfathomable act of the murder of a child by their mother, and many will assume that she must have been suffering from a mental illness to have committed such a heinous act.

Based on the facts of the case, it appears that Terri Lynn Esterak was experiencing a great deal of emotional distress regarding the custody battle over her three daughters, and one can assume that she had been entertaining thoughts of suicide for some time prior to the deaths. However, there is no current mental disorder in the *DSM-IV* which lists suicidal thoughts or attempts as the sole criterion.

Additionally, there is no evidence that Esterak had a prior psychiatric history or that she was in counseling at the time of the murders. It is likely that she was experiencing symptoms characteristic of depression. However, these symptoms do not appear to have negatively impacted her daily functioning, as she had been able to adequately care for herself and her children during their one-month visit. Thus, it is questionable whether she would have met the criteria for a major depressive disorder
according to the *DSM-IV* or that she would have met the legal requirement for insanity.

It seems difficult at best to categorize Esterak as "mad." It is evident that she was distraught at the thought of losing custody of her children and felt that she could no longer bear the pain of living without them. Nor does she appear to have been "bad." In her suicide note, Esterak expressed remorse for her actions and apologized to her family for the pain she was causing them, actions that seem incongruous for an evil woman without a conscience. In fact, her actions may even be considered altruistic. Since she had decided to take her own life, Esterak may have killed her children to spare them the anguish of growing up without her.

It is clear that Terri Lynn Esterak purposely killed her children and herself. However, if Esterak had lived to go to trial, the legal system would undoubtedly have found her to be sane.

Del Frances Bennett

Del Frances Bennett, a thirty-eight-year-old, single mother of three, had worked tirelessly to improve the lives of her children. She attended college, graduated, and eventually secured a job as a lab technician. However, her new job meant that she no longer met the requirements for public assistance, and she lost her Medicaid benefits, housing assistance, and food stamps. Additionally, she had been unsuccessful in receiving child support from her children's fathers and was struggling daily just to make ends meet. Neighbors and friends admitted she was frustrated and stressed and in a lengthy suicide note, Bennett indicated she was depressed and anxious about her financial situation. Ultimately, the mounting financial pressures took their toll and Del Frances Bennett fatally shot her three daughters, ages five, seven, and nine, set fire to her home, and then shot and killed herself.[26]

It seems clear that the economic pressures Del Frances Bennett was experiencing weighed heavily in her decision to end the lives of herself and her children. Like many mothers making the transition from welfare to
work, the pride that comes from no longer needing public assistance is often tempered by the harsh realities of low-paying jobs and substandard or no health insurance. Coupled with the fact that she was not receiving financial support from

the biological fathers of her children, it is not surprising that Bennett was experiencing anxiety and a high level of stress.

It is likely that she worried constantly about her ability to provide for herself and her daughters and feared for their futures. Bennett appeared to have been suffering from depression in the weeks and possibly months before the murders. However, there is no evidence that she was receiving any mental health services. Although Bennett may have met the *DSM-IV* criteria for a major depressive disorder, given her financial situation it is doubtful whether she would have been able to afford adequate mental health treatment.

Everyone who knew Del Frances Bennett reported that she was a loving and devoted mother who tried to do everything within her power to provide a better life for herself and her children. In fact, one week before the murders Bennett had agreed to tutor students in the same job training program that had assisted her in getting off welfare.[27] Thus, a convincing case cannot seem to be made for categorizing her as "bad."

Although Bennett had done everything society tells "welfare mothers" to do (i.e., get an education and secure a job), it had still not been enough to provide a financially stable home for her children. Consequently, she may have lost all hope and felt that murder-suicide was the only option she had left to spare her and her children from growing up poor with uncertain futures. Like Esterak, had Bennett lived to go to trial, she too would have likely been found to be sane.

Erika Arroyo

On September 4, 1998, Erika Arroyo, twenty-two, fed her son, Armando, a drug cocktail which she thought would kill him. An hour later when he awakened, she drowned the three-year-old in the bathtub. Several hours later she carried
his body to the local convenience store and called police indicating she had left the boy in the tub only to return and find him dead. Arroyo was arrested, confessed, and was charged with first-degree murder.

Early in 1998, Arroyo had moved to Denver from El Paso to take a job. She left behind her parents, a sister, and Armando's father. Erika reported that Armando's father had been abusive to the child. A few months after the move she began living with Cesar Barajas, a Mexican immigrant who spoke no English. Armando, Erika, and Cesar lived together as a family until Erika became pregnant. Erika traveled to El Paso, aborted the child, and upon returning to Denver told Barajas she was going to move back to El Paso. Apparently she relented but Barajas indicated he could no longer bear to raise another man's child as it would remind him of his own son who had been aborted. Barajas indicated Erika would have to choose between him and Armando. Erika contacted adoption agencies but became discouraged when she learned the biological father would have to agree to the adoption. Later Barajas claimed Erika killed Armando to prove her love for him. Arroyo maintained she killed him to save him from a life of abuse.[28]

In December 1998, Erika pled not guilty by reason of insanity and at least one psychiatrist agreed she was legally insane at the time of the killings. The judge ordered another psychiatric

evaluation.[29] *In December 1999, Arroyo pled guilty to child abuse resulting in death and in February 2000 she was sentenced to a maximum of forty-eight years in prison*.[30]

Like all the other cases in this chapter, Arroyo purposely killed her child. Once again she does not fit neatly into the "mad versus bad" dichotomy. Clearly she may fit the criteria for some diagnoses, including depression or dependent personality disorder, and she may even have fit the legal criteria for insanity. However, even more compelling in this case are the social and cultural factors which must influence any determinations of sanity or insanity.

This was a woman who had few resources or supports. Her apartment was described as barren. Arroyo was being forced to make a decision between her son and her relationship, with no alternative solutions.
Adoption was not an option. If she sent Armando back to El Paso or she returned to El Paso with him, he and/or she would no doubt have been victims of the father's abuse. In some ways her choice represented a rational, logical response to an irrational, illogical situation. Does that make her "mad" or "bad"?

Ophilia Yip

Ophilia Yip, a thirty-four-year-old Chinese immigrant, was called a model parent by those who knew her. Others also say she was a woman who was severely depressed and preoccupied with the pressures of raising a family in Los Angeles. Suspecting she was distressed, her husband took her to see a counselor, but after the second session, she never

returned. Yip told her husband that because of her Chinese upbringing and heritage, she felt she had a problem that only someone from her own culture could understand. Yip had also never completely assimilated into American culture and felt particularly isolated in Los Angeles, fearing that an urban setting was unhealthy for her children. So a few months after her visit to the counselor, and apparently plagued by a growing depression that had gone untreated, Ophilia Yip drowned herself and her four children, ages three, four, six, and thirteen by driving her van off a pier into the Los Angeles Harbor.[31]

It is apparent from the facts of the case that both Yip and her husband suspected she might have been depressed. Although they sought treatment for her depressive symptoms, Yip did not feel comfortable with the counselor and did not return for future sessions. Ophilia Yip was likely suffering from clinical depression and her case addresses some of the dilemmas encountered by immigrant women and other women from ethnically diverse backgrounds when they are faced with mental health issues.

Within the mental health field multilingual, culturally sensitive mental health services are lacking. Language barriers, as well as lack of knowledge regarding cultural differences surrounding the definition of
mental illness, may prevent many women from ethnically diverse backgrounds from seeking help. Furthermore, those who do seek help, like Ophilia Yip, are often dissatisfied with the treatment they receive and do not return for follow-up care. As a result, they may never receive an appropriate diagnosis or treatment.

Yip may have believed that there was no help for her problem, viewing suicide as her only means to escape the pain of her depression. Additionally, Yip was growing more concerned about the welfare of her children growing up in a large city. Her decision to take their lives does not appear to be the action of a cold, callous woman, but that of a woman who may have believed that by killing them she would be protecting them from an unhealthy environment. However, would the legal system see her as insane? No.

Theresa Lynne Cheek

On the day of her son's death, Theresa Lynne Cheek told her husband she planned to get the devil out of him, but did not indicate that she would physically harm him. However, after her husband left for work, and in an apparent attempt to save him from what she thought would be eternal damnation, she killed her twoand-a-half-year-old son. When attempts to strangle him were unsuccessful, she stabbed him in the heart and then tried to set fire to his body to drive out the demons. Cheek was charged with aggravated murder, found to be not guilty by reason of insanity, and ordered to begin immediate treatment in a state forensic hospital.[32]

It is clear from the facts of this case that Cheek was suffering from a mental disorder, specifically a form of psychosis, when she murdered her son. Unlike other cases within this category, there was no dispute as to her mental state at the time of the death. Since she was found to be legally insane, this represents a classic case of the "mad" category. However, cases such as Cheek's are in the minority.

Ambiguities and variations in what constitutes mental illness make
it impossible to classify most of the women in this category as mentally ill. However, it is clear that a significant number of them were struggling with emotional difficulties prior to the deaths. Many of the mothers in this category expressed feelings of hopelessness, despair, and suicidal thoughts prior to the killings, and several of them may have developed a depressive disorder when they killed their children.

Overall Findings

Several research methods were used to gather case information for this subtype, but limited data were available on some mothers in this group. Although we included them in our analysis, we were unable to obtain specific details for every factor we were interested in studying. However, the one salient feature linking these women together was that they had purposely killed their children.

Remarkably, despite the level of diversity between the cases and the paucity of available information in some instances, striking and clear patterns emerged when we reviewed the data.

Multiple Deaths

One of the most striking features of this category, which sets the women in this group apart from the other mothers discussed in this book, is the overwhelming number of cases involving multiple deaths of children. Nearly 39 percent of mothers within this category killed more than one child.

When we consider cases of murder-suicide alone, the number jumps to a staggering 68 percent. Additionally, 16 percent of the cases involved serial deaths, in which the mother killed multiple children over an extended period.[33] Over half (57 percent) of the multiple deaths involved attempted or successful murder-suicides. This large percentage suggests that mothers who attempt suicide and then resort to infanticide pose a greater risk to all or the majority of their offspring.

Although we do not know conclusively why these mothers killed multiple children, the suicide notes left behind by some shed light on possible motives for the killings. Terri Lynn Esterak appears to have killed her children to spare them the pain of growing up without her. As for Del Frances Bennett, overwhelming financial pressures apparently led her to kill her daughters to protect them from a lifetime of poverty. The sentiments expressed by these women may be typical of other mothers who attempt to kill themselves and their children.

Finally, some of the mothers within this category may have killed multiple children to ensure there were no siblings left behind to mourn the deaths of their brothers or sisters.

Fire

In 37 percent of the cases involving multiple killings, mothers chose fire as the primary mode of death, setting fire to their homes or cars. In a few cases, they killed their children by some other means, such as a gunshot wound or drowning, and then in a final act set fire to their homes.

This phenomenon is unique to the mothers within the purposeful filicide category. Although several children in the neglect category were killed in fires, the majority of them set the fires as a direct result of their mother's negligence. In contrast, in cases of purposeful filicide, the mothers actually set the fires to cause their children's deaths.

Many of these mothers may have felt their lives were spiraling out of control. In their minds, the fire may have been a final attempt to exert some control over what had been an otherwise powerless existence. Since fires usually cause irreparable damage and considerable destruction, these women were able to destroy all tangible remains of their children's lives, and at the same time dictate how their bodies would be handled in death (i.e., no bodies remained to be physically handled nor could the bodies be buried).

Additionally, unlike other methods such as drowning or stabbing
which require the mother to play an active role in the child's death, a fire is a far more passive method of killing. By setting fire to their homes or cars, these women could remove themselves from the scene of the crime without having to witness their children dying, possibly making the task easier to accomplish.

Failed Relationships

Close to 42 percent of women in this category had experienced a recent failed relationship, separation, or divorce prior to the murders. Additionally many women, such as Terri

Lynn Esterak, were in the midst of bitter custody disputes when they killed their children.

The negative impact of a divorce has been well documented and it can be a very stressful event for an individual to endure.[34] However, the impact of a failed relationship may prove to be even more devastating for the women in this category for several reasons.

First, the majority of mothers within this category were married. With the exception of women in the assisted/coerced category, this characteristic appears to be unique to this subtype. For example, many of the women within the abuse-related, neglect, assisted/coerced, and neonaticide categories had either never been married, were in abusive relationships, or were not currently in relationships with the fathers of their children. Although women are remaining single for longer periods of time, there is still societal pressure on them to marry. Consequently, by divorcing or ending a relationship, many of these mothers may have felt they were violating a socially imposed gender norm. They may also have feared becoming single again, given their potentially decreased prospects for remarriage.

Additionally, many of them may have experienced some fear about the quality of their lives after their divorce. Studies have shown that divorce often has a greater negative financial impact on women than men, resulting in poorer living conditions and lifestyles.[35] As a result, they may have worried about their ability to provide for themselves in their husband's absence. Additionally, they may have feared losing custody of their children. All these fears could have contributed to their fatal decisions.

Devotion

At first glance, the mothers within this category seem like premeditated murderers who violently killed their children. However, upon deeper examination one of the most distinctive features of these women's stories was their devotion toward their children. While it may seem like an oxymoron to describe women who kill their children as loving mothers, by all accounts that is exactly what most of them were. The overwhelming majority of them had no history of abuse or neglect toward their children and most people who knew them spoke of their undying love for their kids.

Erika Arroyo did not have a history of abusing her son. In fact, she left her son's father, claiming he had abused the three-year-old. Additionally, neighbors and friends of both Del Frances Bennett and Terri Lynn Esterak remarked that they were both model parents. How then does an otherwise devoted mother end up killing her kids?

It is obvious that many of these women were extremely distressed at the time of the murders. For those mothers who attempted to commit suicide, they may have been unable to bear the thought of their children growing up without them. Thus their actions may have been motivated by an attempt to reunite the family in death.

Additionally, mothers like Erika Arroyo may have killed their children to spare them a life of future pain and may have viewed their act as the ultimate sacrifice. Erika Arroyo likely felt that her options were limited, as she was left with the agonizing choice of sending her child back to an abusive

environment or losing her only source of economic and financial stability. In the end, by killing him she not only spared her son a life of future abuse, but sacrificed her own life as well, as she was eventually sentenced to forty-eight years in prison.

Cultural Issues

Culture and ethnicity played a significant role within this category, particularly as they related to immigrant women. A large number of immigrant women were represented, compared to the other subtypes discussed in the book.

Many immigrants face unique challenges when they move to the United States. Problems of acculturation, assimilation, as well as language barriers often make the adjustment to American life a difficult one. Although Ophilia Yip had lived in the United States for several years, she felt isolated in the American cultural environment.

Additionally, many immigrants face financial difficulties due to limited resources. As a result, they often find themselves struggling daily to provide their families with basic necessities. It is possible that the pressures of adjusting to a new culture, increased isolation, language barriers, as well as financial difficulties may have affected some of the immigrant women in this category, influencing their decision to end the lives of their children. Furthermore, the negative stigma attached to mental illness in some cultures may have made many of them reluctant to seek out mental health services.

Interventions

One of the most notable characteristics in this chapter was the large number of women who threatened, attempted, or successfully committed suicide. More than half the mothers within this category either attempted to or were successful in killing themselves as well as their children. While abuse and neglect and more recently, neonaticide, have become the focus of nationwide preventative efforts and current legislation, far less attention has been paid to mothers who not only kill their children but attempt to kill themselves as well.

Generally, the subject of suicide has remained taboo for many families
and for much of society, and in cases in which the mothers have died, the motivation behind their decisions often remains a mystery. Additionally, several factors can contribute to a mother's decision to take her own life, making it increasingly difficult to identify reliable risk factors.

Based on our findings, women who commit infanticide and then attempt to take their own lives are more likely to kill multiple children, leaving many families at risk. Therefore, national suicide prevention organizations need to focus their research efforts on identifying risk factors. Additionally, suicide and crisis hotlines need to be made aware of this trend so they can screen for at-risk mothers and begin developing interventions to provide them with services.

In addition to suicide, failed relationships were also another significant trend, as a large number of women in this category were dealing with the aftermath of a recent divorce or failed

relationship in the weeks and months prior to the murders of their children. The end of a relationship, particularly a marriage, is stressful for both parties. However, our findings suggest that the impact of a divorce may place some mothers at increased risk for infanticide.

While some divorces are amicable, many are not, as battles over custody, property, and child support can turn once loving partners into bitter enemies. In fact, several of the mothers in this chapter were in the midst of custody disputes at the time of their children's deaths. Unfortunately, the adversarial nature of the legal system often serves to increase the level of animosity between the two parties. Due to the apparent increased risk for infanticide during this critical time, a serious argument can be made for making changes in the adversarial nature of divorce litigation. Fortunately, more courts are turning to alternative dispute resolution (ADR) and mediation to resolve legal disputes. This may be one effective means of reducing the level of anxiety and stress that often accompanies a divorce.

Mediation may help eliminate the conflictual nature of the process,
allowing both parties to make their cases in the presence of a neutral party. Doing so may lead to more amicable settlements which serve the best interests of both the parents and the children. In addition, the process may provide much needed emotional support. While not perfect, the use of mediation may provide a better alternative than the current system, which tends to breed more contempt than solutions.

Although a very small percentage of mothers within this category suffered from postpartum disorders (8 percent),

prevention efforts can be easily implemented to substantially reduce such tragedies from occurring. Healthcare professionals should be informed about the more severe forms of postpartum syndromes (postpartum depression and postpartum psychosis), which, if undetected, pose a significant health risk for both mother and child, including child abuse, infanticide, and suicide. Armed with such knowledge, healthcare professionals should educate women and their families about postpartum disorders during their pregnancy, should encourage expectant mothers to discuss their feelings, screen women prenatally for risk factors, and provide referral sources to women and their families dealing with these disorders.[36]

As this chapter has revealed, the majority of these mothers did not seek treatment for any of the problems or emotional difficulties they were experiencing. The need for greater mental health intervention was highlighted in the statements Debora Green made at her sentencing hearing:

> Alcohol abuse, and the psychiatric problems that both lead to alcohol abuse and spring from it, are treatable diseases. They are not, however, diseases for which the afflicted person will readily seek help on their own. Many of you know in your own lives of people in danger from these illnesses. It is never easy to intervene in the life of another. I would ask that you look at these opportunities for intervention in your lives, and take the steps that must be taken to salvage those lives in danger, before it is too late, as it has become for me and my family.[37]

Summary

This chapter was born out of the initial challenges we encountered in attempting to classify women who purposely killed their children into two discrete categories: with mental illness and without mental illness. This proved to be an arduous task as we realized that these women did not easily fit into a dichotomy (i.e., "mad versus bad") but represented a diverse continuum, covering the entire spectrum of mental illness, ethnic and cultural group distinctions, and socioeconomic strata. Ultimately the "mad versus bad" dichotomy fails to accurately classify these mothers because it does not take into account the varying contextual, legal, and psychological factors which contributed to their emotional states and decisions to kill their children. However, although the women outlined in this chapter do not fit into discrete categories, when examining the data through a purely psychological lens, some general hypotheses can be made.

It is clear that the vast majority of the mothers were experiencing some form of emotional distress, although in varying degrees, at the time of the murders. In the weeks prior to her children's deaths, Ophilia Yip had grown increasingly concerned about their safety and Theresa Lynne Cheek feared that her son had become possessed by demons. Additionally, more than half the women in this chapter experienced suicidal thoughts, as evidenced by their attempts to kill themselves along with their children.

Although the majority of these women would not meet the legal requirement for insanity, their level of emotional distress (i.e., depressive symptoms, anxiety, and suicidal

thoughts) suggests that most of them may have been suffering from disorders such as depression, anxiety, and psychosis. A much smaller group of mothers in this category appeared to exhibit symptoms characteristic of personality disorders.[38] For these women, the filicide may have been the culmination of long-standing patterns of relational dysfunction. For example, Debora Green showed signs of a possible antisocial personality
disorder, as evidenced by her elaborate plan and prolonged attempts to poison her husband.

We are not the first researchers to suggest that some filicidal mothers might have personality disorders.[39] d'Orban[40] noted that personality disorders represented the largest diagnostic category in his sample, and Bourget and Bradford[41] made a diagnosis of personality disorder in approximately half their cases. Generally, mothers who purposely kill their children are labeled "bad" and are depicted as cold, callous, and evil mothers who abused their children. An argument can be made that in a few cases the mothers simply wanted to kill their children and their actions were not mediated by mental illness. However, such mothers are in the minority and do not adequately represent the majority of cases we reviewed in our analysis.

Ultimately, no one knows which of these multiple factors contributed to these mothers' decisions to kill their children. However, our analysis reveals that emotional distress plays a significant role in many cases of purposeful filicide, in conjunction with other social variables.